

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11115 -62-043910-
STATE FILE NUMBERDO NOT WRITE
ON THIS SUB

AMENDED

FILED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

NOV 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>3508 Missouri</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>COYLE T. ATCHISON</i>		4. DATE OF DEATH Month Day Year <i>11 17 62</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-26-1908</i>
9. AGE (last birthday) <i>54</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Investment Broker - White & Co.</i>	
11. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Thomas Atchison</i>		13b. MOTHER'S MAIDEN NAME <i>Rosa Bill</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary W. Atchison</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia</i> DUE TO (b) <i>Ulcerative Colitis</i> DUE TO (c) <i>572.2</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i> <i>3 yrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>10-27-62</i> to <i>11-17-62</i> and last saw her alive on <i>11-17-62</i> Death occurred at <i>5:15 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Leo V. Mulligan M.D.</i>		22b. ADDRESS <i>1515 Lafayette Avenue</i>	
22c. DATE SIGNED <i>11-19-62</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>11-20-62</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Paul Churchyard</i>	
23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		24. FUNERAL DIRECTOR ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i>	
25. DATE RECD. BY LOCAL REG. <i>NOV 19 1962</i>		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>	

Leo V. Mulligan, M.D.
USE BLACK INKOR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

75

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.